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FIVE HUNDRED CASES OF PNEUMONIA

BY JANE ELIZABETH HITCHCOCK

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DURING the year 1901 the Nurses' Settlement in New York recorded upon its books five hundred cases of pneumonia, to which the nurses were called either by the family or by different physicians. Of this number forty-seven were sent to hospitals (almost always through the advice and urging of the nurse), fifty-seven died at home,—of these many were cases in which pneumonia had supervened as a complication in scarlet fever, measles, or, not infrequently, chicken-pox, or in which it was associated with meningitis, or was complicated by burns, other injuries, or some chronic disease,—and the remaining three hundred and ninety-six were successfully cared for in their homes.

It may be of interest to the readers of the JOURNAL to review with us this group of patients, their surroundings and circumstances, and their nursing care and management.

The doctors' calls usually come hastily written on a prescription blank, brought by a sympathizing neighbor, and are of the following style:

"DEAR MISS WALD: Kindly send one of your nurses to attend baby —, 204 — Street, top, front, right; pneumonia. The family is poor and unable to give proper care."

The nurse in whose district it belongs makes such a case her first visit, and as she draws near the house, which is one of a solid block of tenements five stories above the basement, she adjusts her bag and her back for a long climb. She enters the kitchen of a three-roomed home, the usual tenement-house dwelling, and before she goes to the patient we may observe all the details of this, which is a typical interior of its kind, showing all the characteristics of taste, care for the little household gods, and love of the tiny home common to the Russian, Roumanian, Polish, and other foreign peoples among whom she works.

The world in general has a mistaken idea that poverty is synonymous with dirt and squalor. While order and cleanliness, according to our standards, are hard to attain by the woman who must be wife, mother, cook, nurse-maid, and laundress all in one, yet they are often found to a remarkable degree.

This little kitchen into which the nurse entered shows thrift and cleanliness in its furnishings. There is disorder, true, but illness, a large family, and the early hour give explanation. White-frilled muslin

valances hang from the mantle over the stove, and each shelf in the shallow closet bears the same white decoration. Plain white muslin curtains are draped back from the window. The deal table is covered with white enamel cloth and a broad white curtain conceals the set laundry tubs. On the open closet-door hangs the copper pots and pans, polished to brightness with ashes and vinegar, and on the little mantel are the brass candlesticks,—the family heirlooms,—often flanked by a large brass tray, pan, or samovar, with which the dollar American clock is an odd contrast.

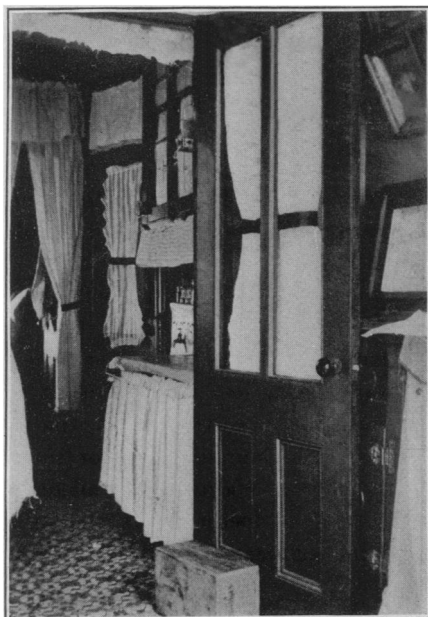
There are two other doors to the kitchen. One opens into the large front room, which has two white-curtained windows looking on the street and is the family living-room by day, but still bears signs of being the sleeping-room of several people by night. The folding bed is still down, two cots have not yet been put away, while on the floor in one corner are pillows and a mattress from which someone has evidently just arisen.

The third door leads into the bedroom proper. This is the smallest of the three, with its one window opening into the air-shaft. The bed fills just three-quarters of the floor space, the width of the room exactly corresponding to its length. The bed being pushed into the corner, it is impossible to pass around it, and all work has to be done from the one exposed side. The difficulty in changing sheets and caring for a patient in such a position need not be described, yet it is sometimes necessary to bring patients through short illnesses in this inconvenient place. The remaining furniture in this room consists of a chair at the head, a box or trunk at the foot of the bed, and hanging from a shelf against the wall a motley assortment of personal apparel. On the bed are billows of feather-beds and immense square feather pillows. The family wealth is often limited to these feathers, and I have known a mother to pawn her one pillow in order to secure a doctor for the sick one.

In amongst these pillows, covered by some and completely surrounded by others, is the patient, a child of two years. The temperature is 104.5°, pulse 140, respiration 50. The fair, curly hair is tangled and matted, the face and hands sticky with syrupy medicine, while the feet and legs are still soiled with the dirt of the street.

Two days ago little Becky began to be feverish and heavy. The next day she seemed to be suffering from a heavy cold, and by the advice of a neighbor the mother had fastened a strip of salt pork around the throat. Still growing worse, the family became alarmed and sent for the doctor.

The nurse now begins her work, which is plain before her. First, the pillows and feather-bed are removed; then the baby's over-abundant clothing is laid aside. It is a characteristic of primitive people



A TENEMENT-HOUSE INTERIOR



A TYPICAL TENEMENT-HOUSE KITCHEN IN THE
RUSSIAN QUARTER

to be untaught in the matter of getting comfortably undressed into a night-gown. This has to be taught them. Not only the usual clothing, but, with the dread of "catching cold," even extra garments are often piled on the suffering patient, and a thick woollen dress with outer apron and several petticoats may have to be taken off, or a baby relieved of two skirts, heavy band, and canton-flannel gown. Next the cleansing soap-and-water bath is given, one of the cots in the front room put into correct position as to light and air, fresh sheets and gowns loaned, perhaps, by the settlement, and the little one laid there clean and refreshed.

With tactful suggestions from the nurse, the mother begins to see what help she can give, and with the help of the oldest girl she closes the folding bed, puts away the other cot, and makes some attempts at tidying the room.

All this is preliminary to the more definite nursing work, which includes showing the mother how to give the alcohol sponge-bath, swab the mouth, arrange the ice-caps for the head, warm bottles, if necessary, for the feet, and give the medicines and nourishment.

Simple bedside notes are left for the doctor, showing the temperature, pulse, and respiration, the general condition of the child, with a record of the work done by the nurse.

A case of this kind, provided the mother is fairly intelligent in carrying out orders, will need but two visits a day.

At the second visit, late in the afternoon, the nurse repeats her records, gives the cooling bath, sees that all is in order, notes details about food and medicine, attends to the mouth, the nostrils, the ice-cap, and all the little details. The simple enema or the rectal irrigation is hers to attend to, as the doctor expects her to make this her care.

The chart is carried to the doctor at his evening hour by one of the family, thus keeping him cognizant of all changes and saving expense to the family.

The care by night is left to the family if the patient is not alarmingly ill. Naturally the systematic care of the hospital night duty is not thought of. If the patient sleeps, we may feel sure she is not disturbed for medicine or nourishment; if she wakes, we may be certain her wants will be gratified, without much attention to punctuality or regularity, nevertheless the essentials will be done. If the case is serious, and the doctor's orders are stringent, a night nurse is engaged from a reputable registry at the regular rates, and if the family cannot afford to pay her, the settlement does so.

It is surprising how well the majority of patients do with this simple, homely care. After a couple of days a fairly orderly routine is established, windows are coaxed open, the mother or friends have learned

many little procedures, and often develop a surprising quickness at learning. The nurse's records impress them, and the variations of temperature arouse keen interest. Someone invariably inquires what the normal heat should be, and lessons on the need of bathing, fresh water to drink, and pure air are driven in forcibly by the aid of the thermometer when they would otherwise fall on deaf ears.

The termination or continuance of a case bears no relation to the visits of any one doctor, as a nervous, frightened family often changes its doctor two or three times during a given illness, while the nurse continues her work, doing the best she can with frequent change of treatment or conflicting orders. Her influence, of course, is on the side of as few changes as possible.

By far the largest proportion of these pneumonia cases were infants and young children. Comparatively few were adults. The methods of treatment are quite simple, necessarily. Often the first order given by the doctor is for cupping on the anterior and posterior chest. This is often done before the nurse arrives, for, strange as it may seem, the *barber* is a specialist in cupping and leeching among the foreign residents of our neighborhood, and it is he who comes to fill the order for these procedures. The druggist supplies the leeches, and they may frequently be seen swimming in a water-tank in the drug-store. The barber has standing in his window the rows of cupping-glasses and applies them with much vigor, as the purple disks left on the skin testify.

Most in vogue is the alcohol sponge-bath given every hour or so when the temperature is at 102° or over. One physician still uses the old cotton pneumonia jacket in conjunction with cooling baths. We have not been able to conclude that the cotton jacket is of any value so far as the course of the illness is concerned. Adult patients sometimes like the feeling of warmth and snugness which it gives, but patients in general find it an uncomfortable garment, as those left in charge allow it to get wrinkled and lumpy.

A favorite method of reducing temperature with children is the mustard tub-bath. A child's tub is filled three-fourths full with tepid water. Mustard in the proportion of one heaping tablespoonful to a gallon is added. The patient is given stimulant before being placed in the tub; ice is kept on the head and constant gentle friction is applied during immersion. The effect of these baths is felt for several hours, and hence this method has been found most satisfactory in cases where the attendants cannot be depended upon to give regularly the hourly cooling sponge bath.

Another method much employed is that of swathing the chest in a compress wrung out of cold water and covered with oiled muslin. This is

renewed every hour. A damp bed and clothing, however, are apt to result from this system. With all these modes of treatment the ice-cap is a regulation feature.

The question of nourishment is an exceedingly difficult one to solve. There are plans on foot which we hope will put this part of the care of the sick poor in their homes upon a more helpful basis. At present we are doing the best we can with such facilities as we have at hand. Milk and plain soups may be obtained from the free-diet kitchens; with infants and young children, therefore, the question is comparatively simple, but with older children and adults it is more complicated. The cost of kumyss and similar milk preparations is too heavy an item in the expense of an illness, and good buttermilk is not always to be had; then, too few of our patients like it; beef-juice is also expensive and, in a tenement, difficult to prepare.

A small box of cocoa is often carried in the nurse's bag, or a jar of beef extract, with fresh eggs for eggnog and albumin lemonade. Mellin's food, malted milk, and Eskay's albuminized food are useful to a certain extent in varying the diet, and bovine, liquid peptonoids, and the like are good but expensive. Our supply of jellies for convalescents is never large enough.

The convalescence of our pneumonia patients is not neglected. Visits are often continued after definite nursing is over to warn the family that health is not yet reestablished and the danger-line not yet lost in the distance. Then too children and young people may often be sent to the country for a few weeks' recuperation. It is hard to do this for the older ones. In the busy, struggling lives of the poor, rest for rest's sake is difficult to secure. Too often rest comes only after weariness has overcome the will. Rest as a preventive or recuperative agency is practically unknown. It was to provide an opportunity for this need that the house in South Nyack was so generously given. It is called "The Rest," and well does it deserve its name. There our convalescents are given a real rest, such as seldom comes into their lives in any other way. But the house is small, and many wage-earners and burden bearers cannot spare the time to go, and the majority are still compelled to take up once more the stress of living during that delicate period of recovery when they ought rather to be carefully watched and guarded by the loving thoughts of friends.

As many nurses do not have a children's service, it may be of interest to them to observe the run of temperature, pulse, and respiration in pneumonia cases of children, and tables of some of our cases are appended.

BABY GUSSIE—Eleven months—double pneumonia,

Day of illness	Temperature	Pulse	Respiration
Fifth.....A.M.	102° F.	125	91
Fifth.....P.M.	101° F.	150	90
Sixth.....A.M.	101.5° F.	143	95
Sixth.....P.M.	101° F.	131	103
Seventh...A.M.	101° F.	134	96
Seventh...P.M.	101.5° F.	135	93
Eighth.....A.M.	101.3° F.	138	95
Eighth.....P.M.	101° F.	135	90
Ninth.....A.M.	101.1° F.	132	91
Ninth.....P.M.	101° F.	135	90
Tenth.....A.M.	99° F.	143	87
Tenth.....P.M.	98.6° F.	151	72
Eleventh...A.M.	100.5° F.	149	75
Eleventh...P.M.	99.7° F.	143	71
Twelfth...A.M.	99.3° F.	126	67
Twelfth...P.M.	99.2° F.	141	60

During the period of high respiration Gussie's pulse was very intermittent. She made a good recovery.

BABY SARAH—Twelve months.

Day of illness	Temperature	Pulse	Respiration
Fourth.....A.M.	104° F.	150	40
Fourth.....P.M.	100° F.	120	32
Fifth.....A.M.	101° F.	151	60
Fifth.....P.M.	102° F.	157	66
Sixth.....A.M.	100° F.	143	43
Sixth...P.M.	99.7° F.	156	54
Seventh.....A.M.	101.1° F.	161	51
Seventh.....P.M.	100.5° F.	155	53
Eighth...A.M.	100.5° F.	161	67
Eighth.....P.M.	101° F.	164	72
Ninth.....A.M.	101° F.	147	79
Ninth.....P.M.	100° F.	150	75

This baby had effusion and was sent to the hospital. Recovered.

BABY SAMUEL—One year.

Day of illness	Temperature	Pulse	Respiration
Second.....P.M.	102.6° F.	140	40
Third.....A.M.	104° F.	142	40
Third.....P.M.	104° F.	145	60
Fourth.....A.M.	103° F.	146	60
Fourth.....P.M.	103° F.	150	48
Fifth.....A.M.	102° F.	140	44
Fifth.....P.M.	104.6° F.	143	44
Sixth.....A.M.	104° F.	151	43
Sixth.....P.M.	104° F.	161	50
Seventh.....A.M.	104° F.	140	55
Seventh.....P.M.	102.7° F.	151	53
Eighth.....A.M.	102.5° F.	140	54
Eighth.....P.M.	104° F.	140	71
Ninth.....A.M.	103° F.	160	48
Ninth.....P.M.	99.8° F.	140	59